

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009501

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 570

VS 300
Rev. 4/59

14002

24006

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 2 1962

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. -If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN University City	
Length of stay in b. 5 days		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.		d. STREET ADDRESS (If outside, give location) 6920 Plymouth Avenue	
Inside Limits Yes No <input type="checkbox"/>		Reside on Farm Yes No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) LOUISE Lucille Zschunke		4. DATE OF DEATH Month 2 Day 14 Year 62	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-22-1887
9. AGE (last birthday) 74		10. IF UNDER 1 YEAR Months 74 Days 74	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. KIND OF BUSINESS OR INDUSTRY None	
13a. FATHER'S NAME Joseph Tracy		13b. MOTHER'S MAIDEN NAME Belle Schultz	
14. NAME OF HUSBAND OR WIFE Widow of Fred Zschunke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service None)	
16. INFORMANT William Tracy, 6920 Plymouth Avenue		17. ADDRESS 6920 Plymouth Avenue	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intercerebral hemorrhage DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:05 p. Month, Day, Year 2-9-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clayton, Mo.	
20g. COUNTY St. Louis		20h. STATE Mo.	
21. I attended the deceased from 2-9-62 to 2-14-62 and last saw her alive on 2-14-62 Death occurred at 11:05 p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert L. Howe MD (Degree or title)		22b. ADDRESS 601 So. Brentwood Clayton 5, Mo.	
22c. DATE SIGNED 2/15/62		22d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-17-1962	23c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard, St. Louis County, Mo.	
24. FUNERAL DIRECTOR Stock Mortuaries, 2117 E. Grand		25. DATE RECD. BY LOCAL REG. 2-16-62	
26. REGISTRAR'S SIGNATURE J. B. Murphy MD		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul A. Wachtel

Licensed Embalmer No. 24787

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.